

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1		1					51
2		1					52
3		2					53
4		2					54
5		2					55
6		2					56
7		2					57
8		2					58
9		2					59
10		2					60
11		2					61
12		2					62
13		2					63
14		2					64
15		2					65
16		2					66
17		2					67
18		2					68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	19						TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS	20						TOTAL CLAIMS